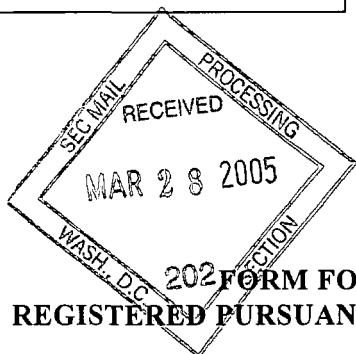


File Number: <b>8400693</b>
For the reporting period ended December 31, <b>2004</b>



**05042282**

OMB APPROVAL	
OMB Number:	3235-0337
Expires:	September 30, 2006
Estimated average burden hours per full response. . . . .	6.00
Estimated average burden hours per intermediate response. . . . .	1.50
Estimated average burden hours per minimum response. . . . .	.50



**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM TA-2**

**2002 FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS  
REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934**

**ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT  
CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)**

1. Full name of Registrant as stated in Question 3 of Form TA-1:  
(Do not use Form TA-2 to change name or address.)

National Western Life Insurance Company

2. a. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions?  
(Check appropriate box.)

☐ All                      ☐ Some                      ☒ None

- b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged:

Name of Transfer Agent(s):	File No. (beginning with 84- or 85- ):

**PROCESSED**

**APR 11 2005**

**THOMSON  
FINANCIAL**

- c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions?

☐ Yes                      ☒ No

- d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.)

Name of Transfer Agent(s):	File No. (beginning with 84- or 85- ):

*[Handwritten signature and initials]*

7. Scope of certain additional types of activities performed:

- a. Number of issues for which dividend reinvestment plan and/or direct purchase plan services were provided, as of December 31: .....
- b. Number of issues for which DRS services were provided, as of December 31: .....
- c. Dividend disbursement and interest paying agent activities conducted during the reporting period:
  - i. number of issues .....
  - ii. amount (in dollars) .....

8. a. Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:

	Prior Transfer Agent(s) (If applicable)	Current Transfer Agent
i. Number of issues .....		
ii. Market value (in dollars) .....		

b. Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2): .....

c. During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?

☐ Yes ☐ No

d. If the answers to subsection (c) is no, provide an explanation for each failure to file:

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9. a. During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-2?

☐ Yes ☐ No

**If the answer to subsection (a) is no, complete subsections (i) through (ii).**

- i. Provide the number of months during the reporting period in which the Registrant was **not** in compliance with the turnaround time for routine items according to Rule 17Ad-2. ....
- ii. Provide the number of written notices Registrant filed during the reporting period with the SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2. ....

10. Number of open-end investment company securities purchases and redemptions (transactions) excluding dividend, interest and distribution postings, and address changes processed during the reporting period:

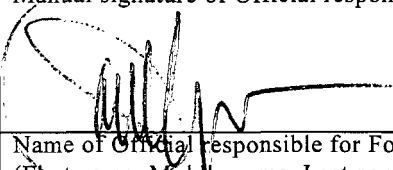
- a. Total number of transactions processed: .....
- b. Number of transactions processed on a date other than date of receipt of order (as ofs): .....

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
	0	
(There are no lost securityholders.)		

- b. Number of lost securityholder accounts that have been remitted to states during the reporting period: ..... 0

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form: 	Title: Senior Vice President-Secretary Telephone number: 512/836-1010
Name of Official responsible for Form: (First name, Middle name, Last name) James P. Payne	Date signed (Month/Day/Year): March 23, 2005





JAMES P. PAYNE  
SENIOR VICE PRESIDENT-SECRETARY

March 23, 2005



Securities and Exchange Commission  
450 5th Street, N. W.  
Washington, DC 20549-0013

Re: National Western Life Insurance Company  
File No. 8400693

Gentlemen:

In accordance with Rule 17 Ac2-2 under the Securities Exchange Act of 1934, enclosed are the original and two copies of our annual filing of Form TA-2 in connection with our Company being the Transfer Agent for its own Class B Common stock.

Yours truly,

A handwritten signature in black ink, appearing to be "James P. Payne".

James P. Payne  
Senior Vice President-Secretary

MMS  
Enclosures